

BARBARA A. MIKULSKI
MARYLAND

COMMITTEES:

APPROPRIATIONS

HEALTH, EDUCATION, LABOR,
AND PENSIONS

United States Senate

WASHINGTON, DC 20510-2003

STATEMENT OF SENATOR BARBARA A. MIKULSKI CARES Commission Public Hearing August 12, 2003

IN REPLY PLEASE REFER TO
OFFICE INDICATED:

- ☐ 1629 THAMES STREET, SUITE 400
BALTIMORE, MD 21231
(410) 962-4510
VOICE/TDD: (410) 962-4512
- ☐ 60 WEST STREET, SUITE 202
ANNAPOLIS, MD 21401-2448
(410) 263-1805
BALTIMORE: (410) 269-1650
- ☐ 6404 IVY LANE, SUITE 406
GREENBELT, MD 20770-1407
(301) 345-5517
- ☐ 94 WEST WASHINGTON STREET
HAGERSTOWN, MD 27140-4804
(301) 797-2828
- ☐ SUITE 1E, BUILDING B
1201 PEMBERTON DRIVE
SALISBURY, MD 21801-2403
(410) 546-7711

"As ranking member of the U.S. Senate Appropriations Subcommittee that funds the Department of Veterans Affairs, I am standing sentry for the veterans who stood sentry for America. Promises made to our nation's veterans are promises kept. That means access to competent and compassionate health care.

"When we look at the CARES process and ask the question – 'what is the objective we seek?' – the answer must be delivering the best, most efficient, most effective health care for veterans. We must make sure the VA Health Care System is providing value for veterans and value for taxpayers.

"CARE stands for "Capital Assets for Realignment of Enhanced Services." I want to make sure that the emphasis is on Enhanced Services. Realignment must mean more and better services for veterans, not fewer and worse. Streamlining shouldn't mean shrinking services.

"The brave men and women who have served America in our military deserve no less. From America's greatest generation who fought in WWII to today's troops serving in Iraq and Afghanistan, these are ordinary men and women called upon to do extraordinary things. They put their lives on the line to protect America. When they return from battle, America must do right by them with top-notch services for VA medical care.

"Last week, I launched a statewide tour of Maryland VA Outpatient Clinics to talk to veterans about their experience with VA Health care and to let them know I am on their side. For more than 10 years, I have advocated for VA outpatient clinics that provide primary care to veterans in the communities where they live. Today, there are 12 community-based clinics in Maryland.

"As I visit these clinics, I'm talking to veterans and the dedicated men and women who serve them. They tell me that clinics are delivering high quality care, but they are stretched to the limit. The Glen Burnie clinic, for example, is no longer accepting new patients. They are at capacity.

"One of the reasons is the tremendous number of blue collar workers who have been laid off from manufacturing jobs are enrolling in the VA system. Here in Baltimore, it is the Bethlehem Steel workers. In Western Maryland, it is the workers from the Pangborn Corporation. Others are turning to VA for the first time because they need help paying

for prescription drugs. Without a Medicare prescription drug benefit or private insurance, they have no where else to turn. They are counting on the VA.

"As the CARES Commission looks at our VA system, you must make sure that overburdened clinics get the resources they need to serve the veterans in their area.

I have also visited the Perry Point VA Medical Center in Cecil County. I went to talk to veterans, but also to learn more about the recommendation to this commission that Perry Point's facilities be consolidated and its campus opened up for enhanced use.

"I wanted to know what this plan will mean for veterans and the employees. They need good, accurate information, not rumors or platitudes. Nothing should be done at Perry Point without the input of staff and the veterans at Perry Point.

"Any changes at Perry Point must remain true to the principles of VA health care – open access to care, quality care, and timely care. But, before changes are made at Perry Point, I believe we should learn from experience. VA shouldn't try new things at Perry Point until we learn the lessons of Fort Howard. Let's get that done, do it right, and look at lessons learned before moving forward. Perry Point should not be an experiment. VA must be in the veterans' health care business, not the real estate development business.

"There is still a lot of work to be done to make VA medical care what it needs to be to serve our veterans. Too many veterans across Maryland have to wait for appointments with specialists. They have their surgeries delayed. They have a hard time reaching their primary care provider for questions and prescription refills.

"These veterans paid in advance for their health care with their service to our country. They should not have to wait now for the health care they need.

"That's why I'm fighting to increase funding for VA medical care. The budget OMB gave VA isn't enough to serve our veterans. Instead, VA is foraging for funding while OMB talks about toll charges and means tests.

"Next month, I will introduce legislation to add \$1.8 billion to the VA budget for fiscal year 2004. This is the gap between what the OMB budget will pay for and what is needed to serve our veterans. Without these additional funds, Priority 7 and 8 veterans will have to pay a \$250 annual enrollment fee and higher copayments for prescription drugs and outpatient visits.

"Veterans paid their dues at Iwo Jima, Pork Chop Hill, the Mekong Delta and in Desert Storm. They shouldn't have to pay toll charges or membership dues to access VA medical care.

"Studies show that demand for certain VA medical services will increase over the next few years; specifically, primary care, specialty and mental health care, and diagnostic services. The VA will see more enrollment of veterans, not less, and a higher demand for

both inpatient and outpatient care.

"This points to the need for an expansion of services provided to veterans through the VA medical system. Recommendation of the CARES commission should focus on providing more services more efficiently, not cut services to meet arbitrary budget targets.

"I applaud plans to expand existing community outpatient clinics and perhaps open new ones. I strongly urge the CARES commission to talk directly to veterans who use these clinics and the staff that works there. The best ideas come from the people.

"I am also concerned about VA employees. The CARES effort should not be a codeword for arbitrarily downsizing or privatizing the VA workforce. These are dedicated, caring individuals who are on the front lines serving their country by giving care to our veterans. They should have the best equipment and tools to do their jobs. That includes a quality work environment with sufficient staff to meet the needs of our veterans."

###